

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>01675688</i>	FILING DATE <i>01/24/00</i>		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
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TOTAL IND.	11						TOTAL IND.	2		
TOTAL DEP.	39						TOTAL DEP.	8		
TOTAL CLAIMS	50						TOTAL CLAIMS	10		

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